



Electronic Coordination of Benefits Billing

What Is Coordination of Benefits (COB) Billing?

COB billing, also known as coordination of third-party benefits, refers to claims submitted for payment when the member is also covered by another insurer. Any time you bill multiple insurers for a service provided to a member, you use COB billing. MassHealth is always the payer of last resort, therefore all other insurance should be billed before to billing MassHealth.

You can submit COB two ways—either on paper, or through the secure, HIPAA-compliant 837 electronic transaction.

Why Should I Submit COB Claims Using the HIPAA-Compliant 837 Electronic Transaction?

To submit COB claims on paper, you must attach to the claim the other insurer's information along with an explanation of benefits (EOB) or an explanation of Medicare benefits (EOMB)*.

Now you can avoid that with the 837 transaction. Just enter the other insurer's information directly into the electronic claim. No extra paperwork is needed!

Use the 837 transaction to submit your COB claims and experience the benefits of:

- faster payment;
- fewer chances of keying errors; and
- less paperwork.

*Claims for members eligible for both Medicare and MassHealth in which Medicare is the primary payer are submitted through the coordination of benefits contractor (COBC). The COBC will forward the claims to MassHealth for processing. However, if you need to rebill such a claim, you can use the 837 COB transaction.

How Can I Submit COB Claims Using the 837 Transaction?

You must be approved by MassHealth to submit COB claims using the 837 transaction even if you are already approved to submit electronic claim files. To test for COB, you need to contact MassHealth HIPAA Support to schedule a testing date to submit a test file with COB claims. The test file should include a minimum of 10 and a maximum of 50 COB claims that meet the following criteria (if applicable to you):

- claims with commercial insurance (paid and denied);
- claims with Medicare (paid and denied);
- claims with multiple primary insurance; and
- claims with COB bundles, if applicable (this pertains only to certain provider types as identified in provider bulletins).

The test files are not adjudicated and are processed in a test environment to validate that the file structure and content meet HIPAA and MassHealth requirements. Once the files are validated, production COB files can be submitted for adjudication.

Consult your [837 MassHealth Companion Guide](#) (available in the MassHealth and HIPAA section on www.mass.gov/masshealth) for more details on how to prepare and submit test and production COB files to MassHealth.

Where Do I Sign Up for Testing?

To submit your COB claims electronically, contact MassHealth HIPAA Support by e-mail at hipaasupport@mahealth.net or by phone at 1-800-841-2900 to schedule a testing date.